Application or Docket Number									ı
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000									
CLAIMS A		SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY				
TOTAL CLAIMS	21			RATE	FEE	1	RATE	FEE	1
FOR	MANBER FILED	NUMBER E	XTRA	Basic Fee	355.00	OR	BASIC FEE	710.00	1
TOTAL CHARGEABLE CLAIMS	<b>№</b> minus 20=	<del>↓</del> -		X\$ 9=		OR	X318-	13	
INDEPENDENT CLAIMS	3 minus 3 =	. 0	[	X40=		OR	X80=		1
MULTIPLE DEPENDENT CLAIM PRESENT				+135=		OR	+270=		1
* If the difference in column 1 is	nn 2	TOTAL		OR	TOTAL	7 28			
CLAIMS AS AMENDED - PART II					<u> </u>	JON	OTHER		ł
(Column 1)	turn 3)	SMALL (	ENTITY	OR	SMALL				
COMMS REMARKING AFTER AMENDMENT  Total - / / Independent - 3	NUA PRÉVI		ESENT XTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total - /4	Mirus - /	2/ •		X\$ 9=		OR	X\$18=		
Independent · 3	Minus · 3 ·			X40-		OR	X80-		İ
FIRST PRESENTATION OF M			•			İ			
		^	a, L	+135=		OR	+270-/		
11/30/05 (Column 1)		Co	PY N	TOTAL DOTT, FEE		OR	ADDIT. FEE		į
11 30 05 (Column 1)		mn 2) (Co	lumn 3)			_			
REMARING AFTER AMENDMENT  Total - / / / Independent - 3	ALLA PREVI	OSEA PR	ESENT XTRA	RATE	ADDI- TIONAL FEE	1	RATE	ADDI- TIONAL FEE	
Total · /	Mirus	Q/  -	$\overline{O}$	259-		OR	x3/18=	·	
Independent • 3	Minus	3 -	OIF	X40=			XRD		İ
Physi presentation of M		CLAIM		~~~		OR	ABUA		l
Snw 5-24- andt 5-19-0	06			+135-	ŀ	ОЯ	+270-		
14 5-19-0	6			TOTAL DON'T FEE		OR	TOTAL POOT, FEE		
(Column 1)	(Colu	mn 2) (Cot	umn 3)			•			İ
CLAIMB REMAINING AFTER	HEGH NILIM PREVI	BER PROUSLY E	ESENT		ADDI- NONAL		RATE	ADDA	
Total • / 6 Independent • 3	Mirus • 7	-/ -	ᆂᅥᅡ		FEE	ł		FEE	$\setminus$
Independent • 3	Mirus	3 -	= $+$	X\$ 0=		OR	X\$18-	-	١,
FIRST PRESENTATION OF MI			<del>┌</del> ┤Ĺ	X40-		OR	X80-		ŀ
+135= OR +270=									1
"If the ordy in ectum 1 is less than the entry in column 2, write "V in column 3.									
"If the Tilchest Number President Paid For' IN This SPACE is less than 20, 400 T. FEE ADOIT, FEE									
The "Fighest Number Previously Pald For" (Total or independent) is the highest number found in the appropriate box in column 1,									i

FORM PTO-675 (Res. 800) :.<u>09942886</u>